

Commercial Application for Personal Wireless Telecommunications

Snohomish County Planning and Development Services
M/S 604, 2nd Floor East, County Administration Building
3000 Rockefeller Ave. Everett, WA 98201

By appointment only - call (425) 388-3311 ext. 2790

Email PermitTech@co.snohomish.wa.us

Web Site www1.co.snohomish.wa.us/departments/pds/

1. Property Information (all applications)

Use ink only -- Print legibly

Assessor's Parcel ID No. _____ SEC. ____ TWP ____ RG ____

Building Site Address _____ City _____

Zip Code _____ Access: New _____ Existing _____

Lot area in square feet _____ Subdivision Name or Short Plat File # _____ Lot _____

Does the property contain a septic/drainfield system _____

Proposed Impervious Surface _____ Total Site Impervious surface _____
(Impervious surface is all new graveled area including driveway and within fenced area)

Tower site co-ordinates (in NAD83 format) Latitude _____ Longitude _____

Ground elevation at tower location(AMSL) _____ Tower Height _____ Tip Height _____

2. Project Information (all applications)

☐ New Tower ☐ Co-location ☐ New Antenna ☐ Equipment Building ☐ Other _____

Name of Project _____ (carrier name / owner name)

Related CUP No. _____

3. People and Firms Involved in Project (Applicant, Owner and Contact Must Be Filled In)

Applicant _____ **Company Contact** _____

*** (Cell/PCS name, company contact name, address and phone number are mandatory) ***

Mailing Address _____ City _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Property Owner _____ Phone (____) _____

Mailing Address _____ City _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Contact Person* _____ Phone (____) _____

Mailing Address _____ City _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Contractor _____ Email _____

Address _____ City _____ Zip _____

License _____ Exp. Date _____ Phone (____) _____

Post Construction 24 Hour Emergency Contact _____ Phone (____) _____

*Can be changed only by written request. It is the contact person's responsibility to inform us of any changes of address or phone number.

Complete this section only if applicable:

1. Information regarding the lender administering the interim construction financing, as required by RCW 19.27.095:

Lender's Name _____ Phone (_____) _____

Lender's Mailing Address _____ City _____ Zip _____ or

2. Information regarding firm that has issued a payment bond (if bond is for an amount not less than 50% of the total amount of the construction project): Firm's Name _____ Firm's Mailing Address _____ City _____ Zip _____

If lender information is not available at time of application or at permit issuance, applicant shall provide the information as soon as applicant can reasonably obtain such information. (RCW 19.27.095(5))

4. Tower and Building Information (all applications)

Valuation of proposed new Tower or Building.

Values (for 2001)

- New towers are valued at \$1,000 per lineal foot of tower height.
- Co-location of antenna on existing cell tower is \$5,000 per antenna.
- New antenna on existing structure (water tank etc.) is \$5,000 per antenna.
- Equipment Building (not cabinets) approximately 11' x 20' pre-fabricated is \$50,000.

\$ _____

List Tower height or equipment building dimensions and square footage, whichever applies.

Tower Height: _____
(including antenna)

Number of Antennas _____

Building Dimension: _____

Building Sq. Ft.: _____

1. Provide a separate application for each tower and Bldg.

2. Complete all sections for all applications.

Has construction started? ☐ Yes ☐ No

Pink Tag issued?

☐ Yes ☐ No

Pink Tag Number: _____

The Property Owner and/or Applicant assumes responsibility that required setbacks and special site characteristics shall conform to approved site plan conditions, and all supplied information is true.

Applicant/Authorized Agent signature _____ Date _____

SNOHOMISH COUNTY PLANNING & DEVELOPMENT SERVICES

Main Office 5th Floor, County Administration Building, Everett, WA

Phone (425) 388-3311 ext. 2292 Fax (425) 388-3872

Email pds.commercial@county.snohomish.wa.us

Web Site www.co.snohomish.wa.us/pds

COMMERCIAL LAND USE MASTER PERMIT APPLICATION

1.

| Applicant | Contact Person |
|-------------------------|----------------|
| Name: _____ | _____ |
| Mailing Address: _____ | _____ |
| City, State, Zip: _____ | _____ |
| Phone - Business: _____ | _____ |
| E-mail: _____ | _____ |
| Phone - Fax _____ | _____ |
2. Relation of Applicant to Property (check one):
Owner ☐ Contract Purchaser ☐ Lessee ☐ Other(specify) _____
3. All Persons/Firms having an ownership interest in the property:
Property Owner
Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____
4. General location of property (including nearest intersection): _____

5. Attach legal description of property. NOTE: If recording of legal description is required, the format must comply with recording requirements. (For CU and variance submit legal on LUPB recording form)
6. List all Assessors Tax Account Numbers involved (all 14 digits): (Must use new format as of August 1, 2000)
_____ Sec _____ Twp _____ Range _____
7. Approximate acreage: _____ 8. Present use of property: _____
9. Source of water supply and name of water district, if any: _____
Method of sewage disposal and name of sewer district, if any: _____
10. Permits requested from Snohomish County (please check with Counter personnel):

| | | | |
|--------------------------------------|-------------------------------------------------------|----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Rezone | <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Shoreline Management | <input type="checkbox"/> Binding Site Plan |
| <input type="checkbox"/> Special Use | <input type="checkbox"/> Official Site Dev. Plan | <input type="checkbox"/> Shoreline Mgmt. Variance | |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Official Site Dev. Plan Rev. | <input type="checkbox"/> Major Rev. CU, SU or Var. | |
11. Please explain your request or proposed use: _____

PLEASE FILL IN ALL APPROPRIATE SECTIONS

REZONE APPLICATIONS ONLY

12. Requested zoning: _____
13. Has anyone applied for a rezone of this property within the last five years? _____
If yes, who? _____ Year? _____ File Number: _____
14. Previous Pre-Application Meeting? Yes ☐ No ☐ 15. Modification requested? Yes ☐ No ☐
15. **SHORELINE MANAGEMENT PERMITS ONLY:** Total cost or fair market value (whichever is higher) of project (please state total value of all construction finishing work for which the permit will be issued, including all permanent equipment to be installed on the premises):\$_____
16. Construction dates: Begin: _____ End: _____
17. Does this use require a Shoreline/Floodplain location? If yes, please explain. _____

18. Water Body: _____ Shoreline Environment Designation: _____

VARIANCES and SHORELINE MANAGEMENT VARIANCES ONLY

19. Code requirement involved: _____

ALL PERMITS: Please list any additional information not covered above which might help to clarify your request:

STATE OF WASHINGTON)
) ss
County of Snohomish)

I (We) _____, being duly sworn, depose and say that I am (we are) the APPLICANT(S) for this application, and that I (we) have familiarized myself (ourselves) with the rules and regulations with respect to preparing and filing this application and that the statements and information submitted herewith are in all respects true and correct to the best of my (our) knowledge and belief.

Signed _____

Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public in and for the State of Washington,

residing at _____

STATE OF WASHINGTON)
) ss
County of Snohomish)

I (We) _____, being duly sworn, depose and say that I am (we are) the OWNER(S) of the subject property for this application, and that I (we) have familiarized myself (ourselves) with the rules and regulations with respect to preparing and filing this application and that the statements and information submitted herewith are in all respects true and correct to the best of my (our) knowledge and belief.

Signed _____

Owner

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public in and for the State of Washington,
residing at _____

NOTE: ATTACH ADDITIONAL SHEET IF NECESSARY FOR NOTARIZED SIGNATURES OF ALL PERSONS HAVING OWNERSHIP INTEREST.